U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

7	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Thad Woodin	Name Plumbers & Steamfitters Local 159	
	Labor Organization File Number 041-211	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 2239 San Remo Way	Street 1308 Roman Way	
City Pittsburg	City Martinez	
State California ZIP Code + 4 94565	State California ZIP Code + 4 94553	
5. Position in labor organization. Executive Board		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of ion represents or is actively seeking to represent.	
monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street	7.0. Amount.	
City The state of		
State ZIP Code + 4	Per (CO) de Dische de la prime per giver de une describe de finicipata appen noma manual per a que proprio por por por por grafica di	
Sian	nature	
15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information ving documents), has been examined by the signatory and is, to the best of the	
Signed The (1)	On 7/26/05 925-473-9736	
	Date Telephone Number	

Name of Person Filing Thad Woodin	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name UA Local 159 JATC Apprenticeship Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1308 Roman Way City Martinez State California ZIP Code + 4 94553	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Employer contributions to the tru the collective bargaining agreeme		
Street	11.b. Approximate dollar value of such dealing.	\$353,706.56	
City	12.a. Nature of interest held or income received.	-portuberization designed enterior (productive control struct and an enterior control enterior) and other enterior control and	
State ZIP Code + 4	Wages for classroom instruction		
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	School and the school	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street Incidence of the control of t			
City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		